

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/766246

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6		20					56						
7		150					57						
8		150					58						
9		540					59						
10	1						60						
11		1					61						
12	1						62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		0					67						
18	1						68						
19	1						69						
20	1						70						
21							71						
22							72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.		18					TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						

Chargeable

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY